PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

BAC - OO2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OF	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	 	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/ minus 20=		. 10			X\$ 9=		1	VC10	<u> </u>	
INDEPENDENT CLAIMS					* 7			73 9=	<u> </u>	OR	X\$18=		
⊢			<u> </u>	inus 3 =	Ø			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145≈		OR	+290=		
* If	the difference	in column 1 is	less than z	ero, enter	"0" in (column 2	•	TOTAL		OR	TOTAL	776	
	C	LAIMS AS A	MENDED - PART II								OTHER THAN		
(Column 1) CLAIMS			(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVICE PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	<u>.</u>	OR	XS18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	- 45			200		
						•	L	+145=		OR	+290=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_	•	(Column 1)	1	(Colun		(Column 3)	1 -						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	#	Minus	***		=]	X43=		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!						
								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
			-		•								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Indep ndent	*	Minus	***		=	╽┠	X43=			X86=		
7	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		-	×10=		OR	/302		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
••	f the "Highest Nur	mn 1 is less than the mber Previously Pa mber Previously Pa	id For IN THI	S SPACE is	less than	1 20, enter *20.*	ΑI	TOTAL ODIT. FEE		OR ,	TOTAL DDIT. FEE		
		ber Previously Paid					r foun	d in the ann	ropriate box	cin coli	ımn 1		